Telehealth Consent Form

Telehealth understanding, privacy & signature

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This form records the patient's consent to receive care through a telehealth (video or phone) visit. Replace this placeholder statement with wording reviewed by the appropriate professional for your practice and jurisdiction.

Patient & provider

Patient name

Date of birth

Provider

Clinic / facility

Understanding of telehealth

I understand that telehealth uses video or phone to deliver care remotely, and that it offers convenience but has limits — a remote visit cannot fully replace an in-person exam, technical problems can interrupt the session, and it is not for emergencies. I understand my provider will protect my session information under applicable privacy rules, and I consent to receive care this way.

Questions or notes (optional)

Privacy acknowledgment

☐ I have read and agree to the statement above

Parent or guardian (for a minor)

Complete this section if the patient is under 18.

Parent / guardian name

Relationship to patient

Signatures

The patient signs, or a parent or guardian signs for a minor.

Patient signature

Date

Parent / guardian signature

Date